

Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions

A Public Document

1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable) BOARD OF SUPERVISORS Street Address 1221 OAK STREET, SUITE 536 Designated Agency Contact (Name, Title) Crystal Hishida Graff, Clerk, Board of Supervisors Area Code/Phone Number (510) 272-3882 E-mail crystal.hishida@acgov.org		Date Stamp	California Form 802 For Official Use Only
		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	

2. Function, Event, or Ceremonial Role Information

Title DISNEY ON ICE Face Value of Each Admission \$ 32.10

Description GSW Date(s) 03 / 04 / 12 _____ / _____ / _____

Ticket(s)/Admission(s) provided by agency? Yes ☒ No ☐ If no: _____
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

Yes ☒ No ☐ If yes: SUPERVISOR SCOTT HAGGERTY, DISTRICT 1
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none">Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.	
PAUL LUNA	4	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	TO REWARD A COMMUNITY VOLUNTEER FOR HIS OR HER SERVICE TO THE PUBLIC	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>

3. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above,

 ee Ann Ferguson

Print Name

Ticket Administrator

Title

03-05-12

(month, day, year)

_____ for any additional information including amendment explanation.)